MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020446
STATE FILE NUMBER

Registration District No. 146   Primary Registration District No. 3026   Registrar's No. 221

FILED MAY 17 1963

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Independence
Length of stay in 1b: 20 Min
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Indep. Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri   COUNTY Jackson
c. CITY OR TOWN: East of Indep. Mo.
Inside Limits: Yes ☐ No X
d. STREET ADDRESS: 19101 Holke Road
Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print)
First: HURLEY   Middle: CLAYTON   Last: SHUMAKER

4. DATE OF DEATH Month Day Year: May 10, 1963

5. SEX Male
6. COLOR OR RACE White
7. Married X   Never Married ☐   Widowed ☐   Divorced ☐
8. DATE OF BIRTH April 22, 1882
9. AGE (last birthday) 81
IF UNDER 1 YEAR: Months / Days   IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired builder and farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Clarksville, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Shumaker
13b. MOTHER'S MAIDEN NAME Sallie Poyser
14. NAME OF HUSBAND OR WIFE Bernice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Mrs. H.C. Shumaker 19101 Holke rd.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion, Acute
INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes   ☐ No   ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐   SUICIDE ☐   HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.   Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐   NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from June 8, 1955, to May 10, 1963 and last saw him alive on Feb 24, 1963 at 3:30 m on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at 3:30

22a. SIGNATURE W. H. Hickerson (Degree or title) M.D.
22b. ADDRESS 604 W. Maple Independence, Mo.
22c. DATE SIGNED 5/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 13, 1963
23c. NAME OF CEMETERY OR CREMATORY Woodlawn
23d. LOCATION (City, town, or county): Indep. Mo.

24. FUNERAL DIRECTOR Ott & Mitchell   ADDRESS Indep. Mo.
25. DATE RECD. BY LOCAL REG. 5-12-63
26. REGISTRAR'S SIGNATURE Alba L Craig

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _____
    Signature of Student Embalmer

Licensed Embalmer No. 3157

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.